

1.) CORPORATION NAME:

DUE DATE: **10/29/2010**

Branch Banking and Trust Company

SCC ID NO: **F1687203**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 WEST SECOND ST 3RD FL LEGAL
C/O LISA MOBERLY

CITY/ST/ZIP: WINSTON SALEM, NC 27101-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT E GREENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON SALEM, NC 27101-		
NAME:	LISA I MOBERLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 WEST SECOND ST		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101-		
NAME:	R MARSHALL EVANS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 WEST SECOND ST		
CITY/ST/ZIP/CO:	WINSTON SALEM, NC 27101-		
NAME:	JAMES A FAULKNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 WEST SECOND ST		
CITY/ST/ZIP/CO:	WINSTON SALEM, NC 27101-		
NAME:	DARYL N BIBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		

NAME:	ROBERT J JOHNSON JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	CHRISTOPHER L HENSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	KELLY S KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/Chairman		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	THOMAS K FERGUSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	I. PATRICIA HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	ERIC C KENDRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	VALLERIE LYNCH LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	LOUIS B LYNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	EDWARD C MILLIGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		
NAME:	DONALD N PATTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 W SECOND ST		
CITY/ST/ZIP/CO:	WINSTON- SALEM, NC 27101-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES A PATTON DIRECTOR 200 W SECOND ST WINSTON- SALEM, NC 27101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOLLIE W RICH JR DIRECTOR 200 W SECOND ST WINSTON- SALEM, NC 27101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID W SMITH JR DIRECTOR 200 W SECOND ST WINSTON- SALEM, NC 27101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN R MOORE DIRECTOR 200 W SECOND ST WINSTON- SALEM, NC 27101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISA I MOBERLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA I MOBERLY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/18/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			